

# COVIDVu - Final Baseline Survey

## Demographics: Age, Race, Sex, Marital Status

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Si prefiere Español, haga clic en las opciones de lenguaje en la esquina superior derecha.

**LOGIC** Hidden unless: parent is exactly equal to "1"

**The questions in this survey will refer to "you or your", however, please respond for the child you are taking this survey for and not yourself.**

### 2. What is your sex? \*

- ☐ Male
- ☐ Female
- ☐ Prefer not to answer

### 3. What is your current gender identity?

- ☐ Male
- ☐ Female
- ☐ Transgender female/Trans woman
- ☐ Transgender male/Trans man
- ☐ Genderqueer
- ☐ Other (please specify):

4. Are you of Hispanic, Latino, or Spanish origin? \*

- ☐ No, not Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic Latino, or Spanish origin:

- ☐ Prefer not to answer

5. What is your race? *Select all that apply.* \*

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Some other race:

- ☐ Prefer not to answer

\*

**LOGIC** Hidden unless: p\_age is greater than or equal to "18"

6. What is your marital status? \*

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married
- ☐ Prefer not to answer

## Contact Information

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We will need to be able to get in touch with you for the remainder of the study and make sure you are receiving any test kits, results and gift cards. We will only contact you regarding participation in this study. Your information will be kept private, and you can opt-out of being recontacted at any time.

**LOGIC** Hidden unless: (p\_age is less than "18" AND parent is exactly equal to "1")

If you are taking this survey on behalf of your child, you may use your contact information.

7. Please provide us with your contact information.

First Name \*

Last Name \*

Name of Parent/Guardian

Mobile Phone Number (no dashes, XXXXXXXXXXX) \*

Home Phone Number (no dashes, XXXXXXXXXXX)

Address \*

Address 2

City \*

State \*

AK  
AL  
AR  
AS  
AZ  
CA  
CO  
CT  
DC  
DE  
FL  
FM  
GA  
GU  
HI  
IA  
ID  
IL  
IN  
KS  
KY  
LA  
MA



Zip Code \*

MA  
MD  
ME  
MH  
MI  
MN  
MO  
MP  
MS  
MT  
NC  
ND  
NE  
NH  
NJ  
NM  
NV  
NY  
OH  
OK  
OR  
PA  
PR  
PW  
RI  
SC  
SD  
TN  
TX  
UT  
VA  
VI  
VT  
WA  
WI  
WV  
WY



**LOGIC** Show/hide trigger exists.

8. What's the best way to reach you? \*

- ☐ Phone
- ☐ Email
- ☐ Text

**LOGIC** Hidden unless: #8 Question "What's the best way to reach you?" is one of the following answers ("Phone","Text")

9. The best way for us to get a gift card to you after you complete the study is by email.

**Do you have an email address we can use to send your electronic gift card?**

*Note that if you do not provide an email address, we will need to send you a card by mail and this process will take a minimum of a 4 weeks. If you provide an email address here, gift cards will be sent automatically once the system receives both your survey and your test kit. \**

- ☐ Yes
- ☐ No

**LOGIC** Hidden unless: (#9 Question "The best way for us to get a gift card to you after you complete the study is by email).

**Do you have an email address we can use to send your electronic gift card?**

*Note that if you do not provide an email address, we will need to send you a card by mail and this process will take a minimum of a 4 weeks. If you provide an email address here, gift cards will be sent automatically once the system receives both your survey and your test kit."* is one of the following answers ("Yes") OR #8 Question "What's the best way to reach you?" is one of the following answers ("Email"))

10. Email Address \*

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## Demographics: Education/Job

### Page entry logic:

This page will show when: p\_age is greater than or equal to "14"

**LOGIC** Hidden unless: p\_age is greater than or equal to "18"

11. What is the highest degree or level of school you have completed? *If currently enrolled, mark the previous grade or highest degree received.* \*

- ☐ Less than high school
- ☐ High school/GED
- ☐ Some college
- ☐ Associate's degree (for example: AA, AS)
- ☐ Bachelor's degree (for example: BA, BS)
- ☐ Master's degree or higher
- ☐ Prefer not to answer

**Logic** Hidden unless: p\_age is greater than or equal to "14"

12. Which best describes your current employment status?

- ☐ Employed for wages full-time
- ☐ Employed for wages part-time
- ☐ Self employed
- ☐ A homemaker
- ☐ A student
- ☐ Retired
- ☐ Not employed
- ☐ Unable to work (disabled)
- ☐ Prefer not to answer



**LOGIC** Hidden unless: (#12 Question "Which best describes your current employment status?" is one of the following answers ("Employed for wages full-time", "Employed for wages part-time", "Self employed") AND p\_age is greater than or equal to "14")

13. Which of these best describes your job?

Agriculture, Forestry, Fishing and Hunting  
Mining, Quarrying, and Oil and Gas Extraction  
Utilities  
Construction  
Manufacturing  
Wholesale Trade  
Retail Trade  
Transportation and Warehousing  
Information  
Finance and Insurance  
Real Estate and Rental and Leasing  
Professional, Scientific, and Technical Services  
Management of Companies and Enterprises  
Administrative and Support and Waste Management and Remediation Services  
Educational Services  
Health Care and Social Assistance  
Arts, Entertainment, and Recreation  
Accommodation and Food Services  
Other Services (except Public Administration)  
Public Administration  
Other

**LOGIC** Hidden unless: (#12 Question "Which best describes your current employment status?" is one of the following answers ("Employed for wages full-time", "Employed for wages part-time", "Self employed") AND p\_age is greater than or equal to "14")

14. Does your job currently require you to leave your home?

- ☐ Yes
- ☐ No

**LOGIC** Hidden unless: (#14 Question "Does your job currently require you to leave your home?" is one of the following answers ("Yes") AND p\_age is greater than or equal to "14")

15. For your job, do you currently work:

- ☐ Completely indoors
- ☐ Sometimes indoors and sometimes outdoors
- ☐ Completely outdoors

## Demographics: Income/Home

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### Page entry logic:

This page will show when: p\_age is greater than or equal to "18"

**LOGIC** Hidden unless: p\_age is greater than or equal to "18"

16. What was your household income from all sources before taxes in the past 12 months? \*

- ☐ \$0 to \$9,999
- ☐ \$10,000 to \$24,999
- ☐ \$25,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 to \$199,999
- ☐ \$200,000 or higher
- ☐ Prefer not to answer

**LOGIC** Show/hide trigger exists.

17. What type of home do you live in? \*

- ☐ House or condominium
- ☐ Apartment
- ☐ Mobile home
- ☐ Other
- ☐ Prefer not to answer

**LOGIC** Hidden unless: #17 Question "What type of home do you live in?" is one of the following answers ("House or condominium","Apartment","Mobile home")

18. Is this house, apartment or mobile home... \*

- ☐ Owned by you or someone in the household with a mortgage or loan?  
(Include home equity loans)
- ☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?
- ☐ Rented
- ☐ Occupied without payment of rent
- ☐ Prefer not to answer

## Economic Insecurity

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### Page entry logic:

This page will show when: p\_age is greater than or equal to "18"

**As a result from COVID-19:**

19. Were you laid off or furloughed from your job?

- ☐ Yes
- ☐ No
- ☐ Not applicable, I was not working prior to COVID-19

20. Were your hours reduced?

- ☐ Yes
- ☐ No
- ☐ Not applicable, I was not working prior to COVID-19

21. Has the amount of time spent working declined?

- ☐ Yes
- ☐ No
- ☐ Not applicable, I was not working prior to COVID-19

22. Has your family income changed?

- ☐ Yes, it increased
- ☐ Yes, it decreased
- ☐ No

23. Have you filed for unemployment benefits?

- ☐ Yes
- ☐ No
- ☐ Not applicable, my country/region does not have unemployment benefits

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## Economic Insecurity

### Page entry logic:

This page will show when: p\_age is greater than or equal to "18"

24. In the past seven days, were you worried you would run out of food because of a lack of money or other resources?

- ☐ Yes
- ☐ No
- ☐ Unsure

25. The coronavirus may cause economic challenges for some people regardless of whether they are actually infected. What is the chance you will run out of money because of the coronavirus in the next three months?

- ☐ Very likely
- ☐ Likely
- ☐ Somewhat likely
- ☐ Unlikely
- ☐ Very unlikely

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## Demographics: Insurance

26. What kind of health insurance or health care coverage do you currently have? Select all that apply.

- ☐ My parent's health plan
- ☐ A private health plan purchased through an employer
- ☐ A private health plan purchased through an exchange (i.e. Obamacare)
- ☐ Medicaid or Medicare
- ☐ Some other Medical Assistance program
- ☐ TRICARE (CHAMPUS)
- ☐ Veterans Administration coverage
- ☐ Some other health care plan
- ☐ I don't currently have any health insurance
- ☐ Prefer not to answer
- ☐ I don't know

## COVID-19 Testing

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**LOGIC** Hidden unless: (p\_age is less than "18" AND parent is exactly equal to "1")

*The next set of questions will ask about testing for COVID-19. Please remember to answer these on behalf of your child and not yourself. Please do not include any testing you did for this study.*

**LOGIC** Hidden unless: p\_age is greater than or equal to "18"

*This next set of questions will about testing for COVID-19. Please do not include any testing you did for this study.*

**Page exit logic:** Skip / Disqualify Logic

**IF:** #33 Question "What was the result of your most recent blood test?" is one of the following answers ("Positive") **THEN:** Jump to [page 12 - COVID-19 Diagnosis](#)

**Page exit logic:** Skip / Disqualify Logic

**IF:** #32 Question "What was the result of your most recent spit test?" is one of the following answers ("Positive") **THEN:** Jump to [page 12 - COVID-19 Diagnosis](#)

**Page exit logic:** Skip / Disqualify Logic

**IF:** #31 Question "What was the result of your most recent throat swab test?" is one of the following answers ("Positive") **THEN:** Jump to [page 12 - COVID-19 Diagnosis](#)

**Page exit logic:** Skip / Disqualify Logic

**IF:** #30 Question "What was the result of your most recent nose swab test?" is one of the following answers ("Positive") **THEN:** Jump to [page 12 - COVID-19 Diagnosis](#)

**LOGIC:** Show/hide trigger exists.

27. Have you ever been tested for coronavirus (COVID-19)?

- ☐ Yes
- ☐ No
- ☐ Don't know

**LOGIC:** Hidden unless: #27 Question "Have you ever been tested for coronavirus (COVID-19)?" is one of the following answers ("Yes")

28. When were you most recently tested for coronavirus (COVID-19)?



mm/dd/yyyy

**LOGIC** Show/hide trigger exists. Hidden unless: #27 Question "Have you ever been tested for coronavirus (COVID-19)?" is one of the following answers ("Yes")

29. When you got tested, what type of sample did they take? *Select all that apply.*

- ☐ Nose swab
- ☐ Throat swab
- ☐ Spit
- ☐ Blood

**LOGIC** Hidden unless: (#27 Question "Have you ever been tested for coronavirus (COVID-19)?" is one of the following answers ("Yes") AND #29 Question "When you got tested, what type of sample did they take? *Select all that apply.*" is one of the following answers ("Nose swab"))

30. What was the result of your most recent nose swab test?

- ☐ Positive
- ☐ Negative
- ☐ I don't know

**LOGIC** Hidden unless: (#27 Question "Have you ever been tested for coronavirus (COVID-19)?" is one of the following answers ("Yes") AND #29 Question "When you got tested, what type of sample did they take? *Select all that apply.*" is one of the following answers ("Throat swab"))

31. What was the result of your most recent throat swab test?

- ☐ Positive
- ☐ Negative
- ☐ I don't know



**LOGIC** Hidden unless: (#27 Question "Have you ever been tested for coronavirus (COVID-19)?" is one of the following answers ("Yes") AND #29 Question "When you got tested, what type of sample did they take? *Select all that apply.*" is one of the following answers ("Spit"))

32. What was the result of your most recent spit test?

- ☐ Positive
- ☐ Negative
- ☐ I don't know

**LOGIC** Hidden unless: (#27 Question "Have you ever been tested for coronavirus (COVID-19)?" is one of the following answers ("Yes") AND #29 Question "When you got tested, what type of sample did they take? *Select all that apply.*" is one of the following answers ("Blood"))

33. What was the result of your most recent blood test?

- ☐ Positive
- ☐ Negative
- ☐ I don't know

**LOGIC** Hidden unless: #29 Question "When you got tested, what type of sample did they take? *Select all that apply.*" is one of the following answers ("Blood")

34. Do you know what type of blood test you had?

- ☐ Antibody
- ☐ Antigen
- ☐ Both
- ☐ Not sure

**LOGIC** Hidden unless: #27 Question "Have you ever been tested for coronavirus (COVID-19)?" is one of the following answers ("Yes")

35. Where did you get tested? *Select all that apply.*

- ☐ Lab or clinic
- ☐ Home test kit
- ☐ Drive through testing site
- ☐ Other:

\*

**LOGIC** Hidden unless: #27 Question "Have you ever been tested for coronavirus (COVID-19)?" is one of the following answers ("Yes")

36. What was the main reason you chose to get tested?

- ☐ I had symptoms of COVID-19
- ☐ Someone I know had symptoms of or was diagnosed with COVID-19
- ☐ My job offered or required me to get tested for COVID-19
- ☐ I was worried about COVID-19
- ☐ Other:

## COVID-19 Diagnosis

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### Page entry logic:

This page will show when: (((#30 Question "What was the result of your most recent nose swab test?" is not one of the following answers ("Positive") AND #31 Question "What was the result of your most recent throat swab test?" is not one of the following answers ("Positive")) AND #32 Question "What was the result of your most recent spit test?" is not one of the following answers ("Positive")) AND #33 Question "What was the result of your most recent blood test?" is not one of the following answers ("Positive"))

**LOGIC** Show/hide trigger exists.

37. Has a healthcare provider told you that you likely have coronavirus (COVID-19)?

- ☐ Yes
- ☐ No
- ☐ Don't know

**LOGIC** Hidden unless: #37 Question "Has a healthcare provider told you that you likely have coronavirus (COVID-19)?" is one of the following answers ("Yes")

38. When did the provider tell you that you had coronavirus (COVID-19)?



mm/dd/yyyy

## COVID-19 Diagnosis

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39. Have you ever been hospitalized for coronavirus (COVID-19)?

- ☐ Yes
- ☐ No

**LOGIC** Hidden unless: p\_age is greater than or equal to "18"

40. At any time did you want to get a coronavirus (COVID-19) test, but you were unable to get tested?

- ☐ Yes
- ☐ No

41. Have you been in close proximity with someone who has had a confirmed diagnosis with coronavirus (COVID-19)?

- ☐ Yes
- ☐ No
- ☐ Don't know

### Medical History/Underlying Conditions

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We would like to learn more about the reasons coronavirus (COVID-19) is affecting so many people in different ways. The next few questions are about your general health. Your answers will remain private.

42. About how tall are you without shoes?

feet

inches

43. About how much do you weigh in pounds?

*It's okay if you don't know the exact number, just give us your best guess.*

pounds

**Logic** Hidden unless: (p\_age is greater than or equal to "18" OR (p\_age is less than "18" AND parent is exactly equal to "0"))

44. Do you currently smoke (i.e., cigarettes, marijuana, e-cigarettes, vaping, etc.) every day, some days, or not at all?

- ☐ Every day
- ☐ Some days
- ☐ Not at all
- ☐ Don't know

45. Do you currently have any of the following medical issues? *Select all that apply.*

- ☐ Diabetes (Type 1 or Type 2)
- ☐ Heart Condition
- ☐ Chronic lung disease (asthma, COPD, emphysema)
- ☐ Allergic rhinitis including seasonal allergies
- ☐ Hypertension
- ☐ Chronic kidney disease requiring dialysis
- ☐ Chronic liver disease or cirrhosis
- ☐ Active cancer (not in remission)
- ☐ Prior organ or bone marrow transplant
- ☐ Autoimmune disorder (such as lupus or rheumatoid arthritis)
- ☐ Taking steroid pills or medications that weaken your immune system
- ☐ Pregnant or gave birth within the last two weeks
- ☐ HIV
- ☐ Other condition affecting your immune system
- ☐ None

## Symptoms - January

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46. Have you had any cold or flu like symptoms since January 1st? \*

☐ Yes

☐ No

47. Have you experienced any of the following since January 1st? \*

	Yes	No	I don't know
Cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Itchy eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath or difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runny/Stuffy nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sore throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New loss of taste or smell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Symptoms - Severity (January)

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**Page entry logic:**

This page will show when: (((((((((( Question "Cough" is one of the following answers ("Yes") OR Question "Itchy eyes" is one of the following answers ("Yes")) OR Question "Shortness of breath or difficulty breathing" is one of the following answers ("Yes")) OR Question "Runny/Stuffy nose" is one of the following answers ("Yes")) OR Question "Fever" is one of the following answers ("Yes")) OR Question "Headache" is one of the following answers ("Yes")) OR Question "Chills" is one of the following answers ("Yes")) OR Question "Diarrhea" is one of the following answers ("Yes")) OR Question "Muscle pain" is one of the following answers ("Yes")) OR Question "Sore throat" is one of the following answers ("Yes")) OR Question "Vomiting" is one of the following answers ("Yes")) OR Question "Nausea" is one of the following answers ("Yes")) OR Question "New loss of taste or smell" is one of the following answers ("Yes"))

**Logic** Hidden unless: (((((((((( Question "Cough" is one of the following answers ("Yes") OR Question "Itchy eyes" is one of the following answers ("Yes")) OR Question "Shortness of breath or difficulty breathing" is one of the following answers ("Yes")) OR Question "Runny/Stuffy nose" is one of the following answers ("Yes")) OR Question "Fever" is one of the following answers ("Yes")) OR Question "Headache" is one of the following answers ("Yes")) OR Question "Chills" is one of the following answers ("Yes")) OR Question "Diarrhea" is one of the following answers ("Yes")) OR Question "Muscle pain" is one of the following answers ("Yes")) OR Question "Sore throat" is one of the following answers ("Yes")) OR Question "Vomiting" is one of the following answers ("Yes")) OR Question "Nausea" is one of the following answers ("Yes")) OR Question "New loss of taste or smell" is one of the following answers ("Yes"))

48. On the worst day that you had symptom(s), since January 1st, how much did you have the symptom(s)? \*

	A little bit	Somewhat	Quite a bit	A lot
Cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Itchy eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath or difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runny/Stuffy nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sore throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New loss of taste or smell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Symptoms - Past 30 days



**Page entry logic:**

This page will show when: (((((((((( Question "Cough" is one of the following answers ("Yes") OR Question "Itchy eyes" is one of the following answers ("Yes")) OR Question "Shortness of breath or difficulty breathing" is one of the following answers ("Yes")) OR Question "Runny/Stuffy nose" is one of the following answers ("Yes")) OR Question "Fever" is one of the following answers ("Yes")) OR Question "Headache" is one of the following answers ("Yes")) OR Question "Chills" is one of the following answers ("Yes")) OR Question "Diarrhea" is one of the following answers ("Yes")) OR Question "Muscle pain" is one of the following answers ("Yes")) OR Question "Sore throat" is one of the following answers ("Yes")) OR Question "Vomiting" is one of the following answers ("Yes")) OR Question "Nausea" is one of the following answers ("Yes")) OR Question "New loss of taste or smell" is one of the following answers ("Yes"))

**Logic** Hidden unless: (((((((((( Question "Cough" is one of the following answers ("Yes") OR Question "Itchy eyes" is one of the following answers ("Yes")) OR Question "Shortness of breath or difficulty breathing" is one of the following answers ("Yes")) OR Question "Runny/Stuffy nose" is one of the following answers ("Yes")) OR Question "Fever" is one of the following answers ("Yes")) OR Question "Headache" is one of the following answers ("Yes")) OR Question "Chills" is one of the following answers ("Yes")) OR Question "Diarrhea" is one of the following answers ("Yes")) OR Question "Muscle pain" is one of the following answers ("Yes")) OR Question "Sore throat" is one of the following answers ("Yes")) OR Question "Vomiting" is one of the following answers ("Yes")) OR Question "Nausea" is one of the following answers ("Yes")) OR Question "New loss of taste or smell" is one of the following answers ("Yes"))

49. Have you experienced any of the following in the last 30 days? \*

	Yes	No	I don't know
Cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Itchy eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath or difficult breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runny/Stuffy nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sore throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New loss of taste or smell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Symptoms - Severity (30 days)

**Page entry logic:**

This page will show when: (((((((((( Question "Cough" is one of the following answers ("Yes") OR Question "Itchy eyes" is one of the following answers ("Yes")) OR Question "Shortness of breath or difficult breathing" is one of the following answers ("Yes")) OR Question "Runny/Stuffy nose" is one of the following answers ("Yes")) OR Question "Fever" is one of the following answers ("Yes")) OR Question "Headache" is one of the following answers ("Yes")) OR Question "Chills" is one of the following answers ("Yes")) OR Question "Diarrhea" is one of the following answers ("Yes")) OR Question "Muscle pain" is one of the following answers ("Yes")) OR Question "Sore throat" is one of the following answers ("Yes")) OR Question "Vomiting" is one of the following answers ("Yes")) OR Question "Nausea" is one of the following answers ("Yes")) OR Question "New loss of taste or smell" is one of the following answers ("Yes"))

**Logic** Hidden unless: (((((((((( Question "Cough" is one of the following answers ("Yes") OR Question "Shortness of breath or difficult breathing" is one of the following answers ("Yes")) OR Question "Fever" is one of the following answers ("Yes")) OR Question "Chills" is one of the following answers ("Yes")) OR Question "Muscle pain" is one of the following answers ("Yes")) OR Question "Sore throat" is one of the following answers ("Yes")) OR Question "New loss of taste or smell" is one of the following answers ("Yes")) OR Question "Itchy eyes" is one of the following answers ("Yes")) OR Question "Runny/Stuffy nose" is one of the following answers ("Yes")) OR Question "Headache" is one of the following answers ("Yes")) OR Question "Diarrhea" is one of the following answers ("Yes")) OR Question "Vomiting" is one of the following answers ("Yes")) OR Question "Nausea" is one of the following answers ("Yes"))

50. On the worst day that you had symptom(s), in the past 30 days, how much did you have the symptom(s)? \*

	A little bit	Somewhat	Quite a bit	A lot
Cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Itchy eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath or difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runny/Stuffy nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sore throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New loss of taste or smell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Symptoms - Likely

**Please rate, in your opinion, the following questions:**

**51. How likely is it that you had coronavirus (COVID-19) at any time?**

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Somewhat likely
- ☐ Likely
- ☐ Very likely

**52. How likely is it that anyone else in your household has had coronavirus (COVID-19) at any time in the last few months?**

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Somewhat likely
- ☐ Likely
- ☐ Very likely

53. How likely do you think it is that you have coronavirus (COVID-19) right now?

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Somewhat likely
- ☐ Likely
- ☐ Very likely

### Social Distancing

---

**Page entry logic:**

This page will show when: p\_age is greater than or equal to "18"

**The next few questions ask you about your behaviors and interactions with others during COVID-19.**

54. How often are you trying to keep at least 6 feet between you and other people you don't live with to avoid spreading illness?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

55. In the last month, how often have you gone out to grocery stores, pharmacies, or visiting other essential service providers?

- ☐ Daily
- ☐ Several times a week
- ☐ Once a week
- ☐ Once every two - three weeks
- ☐ Monthly or less often
- ☐ Never

56. In the last month, how often have you gone out to bars, dining at restaurants, exercising at gyms or other non-essential venues?

- ☐ Daily
- ☐ Several times a week
- ☐ Once a week
- ☐ Once every two - three weeks
- ☐ Monthly or less often
- ☐ Never

57. When you go out, do you wear a face mask?

- ☐ Always (100%)
- ☐ Often (70 - 99%)
- ☐ Sometimes (31 - 69%)
- ☐ Rarely (1 - 30%)
- ☐ Never (0%)

58. In the last month, how often have you used public transportation (bus/train) or car service (taxi/Uber/Lyft/other rideshare)?

- ☐ 0 times
- ☐ 1 - 2 times
- ☐ 3 - 5 times
- ☐ 6 - 10 times
- ☐ More than 10 times

### Social Distancing - Physical Contact

---

**Page exit logic:** Skip / Disqualify Logic

**IF:** #59 Question "Now, think back to yesterday from the time you woke up until you went to bed.

Have you had **physical contact (a touch, such as a handshake, fist bump, hug, or kiss)** with any people in the following age groups? This includes all people, whether household members or strangers.

*This does not include people you accidentally touched on the bus or in a store, for example. If you don't know the person's age group, just guess.*

Select all that apply." is one of the following answers ("None of the above") **THEN:** Jump to [page 22 - Social Distancing: Non-physical Contact](#)



 Show/hide trigger exists.

59. Now, think back to yesterday from the time you woke up until you went to bed.

Have you had **physical contact (a touch, such as a handshake, fist bump, hug, or kiss)** with any people in the following age groups? This includes all people, whether household members or strangers.

*This does not include people you accidentally touched on the bus or in a store, for example. If you don't know the person's age group, just guess.*

Select all that apply.

- ☐ 0 to 4 years
- ☐ 5 to 9 years
- ☐ 10 to 19 years
- ☐ 20 to 39 years
- ☐ 40 to 59 years
- ☐ 60 to 69 years
- ☐ 70 years or older
- ☐ None of the above

## Social Distancing - Physical Contact

---

Again, thinking back to yesterday from the time you woke up until you went to bed, enter how many people aged (fill in relevant column) **you had physical contact** with.

*Please enter a number in each box. If you didn't contact anyone in that age and place enter 0.*

**Logic** Hidden unless: #59 Question "Now, think back to yesterday from the time you woke up until you went to bed.

Have you had **physical contact (a touch, such as a handshake, fist bump, hug, or kiss)** with any people in the following age groups? This includes all people, whether household members or strangers.

*This does not include people you accidentally touched on the bus or in a store, for example. If you don't know the person's age group, just guess.*

Select all that apply." is one of the following answers ("0 to 4 years")

60. 0 to 4 years:

Home ☐

Work ☐

School ☐

Other place ☐

**Logic** Hidden unless: #59 Question "Now, think back to yesterday from the time you woke up until you went to bed.

Have you had **physical contact (a touch, such as a handshake, fist bump, hug, or kiss)** with any people in the following age groups? This includes all people, whether household members or strangers.

*This does not include people you accidentally touched on the bus or in a store, for example. If you don't know the person's age group, just guess.*

Select all that apply." is one of the following answers ("5 to 9 years")

61. 5 to 9 years:

Home ☐

Work ☐

School ☐

Other place ☐

**Logic** Hidden unless: #59 Question "Now, think back to yesterday from the time you woke up until you went to bed.

Have you had **physical contact (a touch, such as a handshake, fist bump, hug, or kiss)** with any people in the following age groups? This includes all people, whether household members or strangers.

*This does not include people you accidentally touched on the bus or in a store, for example. If you don't know the person's age group, just guess.*

Select all that apply." is one of the following answers ("10 to 19 years")

62. 10 to 19 years:

Home ☐

Work ☐

School ☐

Other place ☐

**Logic** Hidden unless: #59 Question "Now, think back to yesterday from the time you woke up until you went to bed.

Have you had **physical contact (a touch, such as a handshake, fist bump, hug, or kiss)** with any people in the following age groups? This includes all people, whether household members or strangers.

*This does not include people you accidentally touched on the bus or in a store, for example. If you don't know the person's age group, just guess.*

Select all that apply." is one of the following answers ("20 to 39 years")

63. 20 to 39 years:

Home ☐

Work ☐

School ☐

Other place ☐

**Logic** Hidden unless: #59 Question "Now, think back to yesterday from the time you woke up until you went to bed.

Have you had **physical contact (a touch, such as a handshake, fist bump, hug, or kiss)** with any people in the following age groups? This includes all people, whether household members or strangers.

*This does not include people you accidentally touched on the bus or in a store, for example. If you don't know the person's age group, just guess.*

Select all that apply." is one of the following answers ("40 to 59 years")

64. 40 to 59 years:

Home ☐

Work ☐

School ☐

Other place ☐

**Logic** Hidden unless: #59 Question "Now, think back to yesterday from the time you woke up until you went to bed.

Have you had **physical contact (a touch, such as a handshake, fist bump, hug, or kiss)** with any people in the following age groups? This includes all people, whether household members or strangers.

*This does not include people you accidentally touched on the bus or in a store, for example. If you don't know the person's age group, just guess.*

Select all that apply." is one of the following answers ("60 to 69 years")

65. 60 to 69 years:

Home ☐

Work ☐

School ☐

Other place ☐

**Logic** Hidden unless: #59 Question "Now, think back to yesterday from the time you woke up until you went to bed.

Have you had **physical contact (a touch, such as a handshake, fist bump, hug, or kiss)** with any people in the following age groups? This includes all people, whether household members or strangers.

*This does not include people you accidentally touched on the bus or in a store, for example. If you don't know the person's age group, just guess.*

Select all that apply." is one of the following answers ("70 years or older")

66. 70 years or older:

Home	<input type="checkbox"/>
Work	<input type="checkbox"/>
School	<input type="checkbox"/>
Other place	<input type="checkbox"/>

## Social Distancing: Non-physical Contact

---

**Page exit logic:** Skip / Disqualify Logic

**IF:** #67 Question "Again, think back to yesterday from the time you woke up until you went to bed.

Not including the people you just told us about, have you had **non-physical contact (a conversation where you were within about 6 feet of each other and exchanged three or more words but where you did not touch)** with any people in the following age groups?

*If you don't know the person's age group, just guess.*

Select all that apply." is one of the following answers ("None of the above") **THEN:** Jump to [page 24 - COVID-19 Life Changes](#)



 Show/hide trigger exists.

67. Again, think back to yesterday from the time you woke up until you went to bed.

Not including the people you just told us about, have you had **non-physical contact (a conversation where you were within about 6 feet of each other and exchanged three or more words but where you did not touch)** with any people in the following age groups?

*If you don't know the person's age group, just guess.*

Select all that apply.

- ☐ 0 to 4 years
- ☐ 5 to 9 years
- ☐ 10 to 19 years
- ☐ 20 to 39 years
- ☐ 40 to 59 years
- ☐ 60 to 69 years
- ☐ 70 years or older
- ☐ None of the above

### **Social Distancing: Non-physical Contact**

---

Again, thinking back to yesterday from the time you woke up until you went to bed, enter how many people aged (fill in relevant column) **you had non-physical contact** with.

*Please enter a number in each box. If you didn't contact anyone in that age and place enter 0.*

**Logic** Hidden unless: #67 Question "Again, think back to yesterday from the time you woke up until you went to bed.

Not including the people you just told us about, have you had **non-physical contact (a conversation where you were within about 6 feet of each other and exchanged three or more words but where you did not touch)** with any people in the following age groups?

*If you don't know the person's age group, just guess.*

Select all that apply." is one of the following answers ("0 to 4 years")

68. 0 to 4 years:

Home

☐

Work

☐

School

☐

Other place

☐

**Logic** Hidden unless: #67 Question "Again, think back to yesterday from the time you woke up until you went to bed.

Not including the people you just told us about, have you had **non-physical contact (a conversation where you were within about 6 feet of each other and exchanged three or more words but where you did not touch)** with any people in the following age groups?

*If you don't know the person's age group, just guess.*

Select all that apply." is one of the following answers ("5 to 9 years")

69. 5 to 9 years:

Home

☐

Work

☐

School

☐

Other place

☐

**Logic** Hidden unless: #67 Question "Again, think back to yesterday from the time you woke up until you went to bed.

Not including the people you just told us about, have you had **non-physical contact (a conversation where you were within about 6 feet of each other and exchanged three or more words but where you did not touch)** with any people in the following age groups?

*If you don't know the person's age group, just guess.*

Select all that apply." is one of the following answers ("10 to 19 years")

70. 10 to 19 years:

Home

☐

Work

☐

School

☐

Other place

☐

**Logic** Hidden unless: #67 Question "Again, think back to yesterday from the time you woke up until you went to bed.

Not including the people you just told us about, have you had **non-physical contact (a conversation where you were within about 6 feet of each other and exchanged three or more words but where you did not touch)** with any people in the following age groups?

*If you don't know the person's age group, just guess.*

Select all that apply." is one of the following answers ("20 to 39 years")

71. 20 to 39 years:

Home

☐

Work

☐

School

☐

Other place

☐

**Logic** Hidden unless: #67 Question "Again, think back to yesterday from the time you woke up until you went to bed.

Not including the people you just told us about, have you had **non-physical contact (a conversation where you were within about 6 feet of each other and exchanged three or more words but where you did not touch)** with any people in the following age groups?

*If you don't know the person's age group, just guess.*

Select all that apply." is one of the following answers ("40 to 59 years")

72. 40 to 59 years:

Home

☐

Work

☐

School

☐

Other place

☐

**Logic** Hidden unless: #67 Question "Again, think back to yesterday from the time you woke up until you went to bed.

Not including the people you just told us about, have you had **non-physical contact (a conversation where you were within about 6 feet of each other and exchanged three or more words but where you did not touch)** with any people in the following age groups?

*If you don't know the person's age group, just guess.*

Select all that apply." is one of the following answers ("60 to 69 years")

73. 60 to 69 years:

Home

☐

Work

☐

School

☐

Other place

☐

**Logic** Hidden unless: #67 Question "Again, think back to yesterday from the time you woke up until you went to bed.

Not including the people you just told us about, have you had **non-physical contact (a conversation where you were within about 6 feet of each other and exchanged three or more words but where you did not touch)** with any people in the following age groups?

*If you don't know the person's age group, just guess.*

Select all that apply." is one of the following answers ("70 years or older")

74. 70 years or older:

- |             |                          |
|-------------|--------------------------|
| Home        | <input type="checkbox"/> |
| Work        | <input type="checkbox"/> |
| School      | <input type="checkbox"/> |
| Other place | <input type="checkbox"/> |

## COVID-19 Life Changes

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75. How likely are you to get vaccinated for coronavirus once a vaccination is available to the public?

- ☐ Very unlikely
- ☐ Somewhat unlikely
- ☐ Somewhat likely
- ☐ Very likely
- ☐ Unsure

## Stigma

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**Page entry logic:**

This page will show when: (p\_age is greater than or equal to "18" OR (p\_age is less than "18" AND parent is exactly equal to "0"))

76. I would be hesitant to be near persons who have had COVID-19 disease in the past, even after they recovered and completed the appropriate quarantine period.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly Disagree

77. I would be hesitant to be near the family members of persons who have had COVID-19 disease after their quarantine period.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly Disagree

---

**Knowledge****Page entry logic:**

This page will show when: (p\_age is greater than or equal to "18" OR (p\_age is less than "18" AND parent is exactly equal to "0"))

78. Is the following statement true or false?

Consistently wearing a face mask will provide me with 95% or better protection from getting infected with the new coronavirus. *A “face mask” is a mask that is made at home or readily available to the public, not used in a medical setting.*

- ☐ True
- ☐ False

79. Is the following statement true or false?

It is not necessary for children and young adults to take measures to prevent the infection by the COVID-19 virus.

- ☐ True
- ☐ False

80. Which of these are **NOT** a symptom of COVID-19 disease? *Select all that apply.*

- ☐ Fever
- ☐ Cough
- ☐ Runny Nose
- ☐ Chills
- ☐ Change of smell/taste
- ☐ Sneezing
- ☐ All of these are symptoms of COVID-19 disease

81. COVID-19 transmission can occur through which of the following? Check all that apply.

- ☐ Air
- ☐ Touching surfaces
- ☐ Contact with bodily waste
- ☐ None of these

## Thank You!

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Thank you for completing our questionnaire. Now you are ready to register your test kit.

You **must** register your test kit to get your results and your \$40 e-gift card.

To register, please visit **covidvu.moleculartestinglabs.com**. You will need to enter your unique Registration ID and Kit Barcode to complete the registration. These codes can be found on the first page of your printed instruction guide inside your test kit. If you provided an email address, you will also be emailed this link.

For more information about Coronavirus and how to protect yourself, please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.